

NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2002

RE: MDR Tracking #: M2-03-0211-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 35 year old male sustained a work related injury on ____ when he was pulling a clutch and flywheel from a kneeling position and experienced severe pain to his lower back. The patient had an earlier injury on ____ when he picked up a broom, rotated his back and felt sudden shooting pain to his back. A CT myelogram revealed a collapse of the L5 disc with foraminal stenosis bilaterally. An electromyography of the legs was reported as normal. X-rays showed complete loss of the disc space at L5-S1 and slight narrowing of the L4-L5 level. An MRI revealed minimal disc bulge at L4-5 and L5-S1 and an annular tear at L4-5. The treating physician has recommended that the patient undergo a left posterior lumbar interbody fusion at L4-5 and L5-S1.

Requested Service(s)

Left posterior lumbar interbody fusion at L4-5 and L5-S1.

Decision

It is determined that the left posterior lumbar interbody fusion at L4-5 and L5-S1 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is insufficient documentation to substantiate the medical necessity for a spinal fusion. There is no definitive localization as to where any back pain might be coming from. Despite non-confirming special studies, history does suggest radicular pain. However, the evidence to support the medical necessity of a spinal fusion is not available from the medical record documentation. Therefore, at this time, the medical necessity of the left posterior lumbar interbody fusion at L4-5 and L5-S1 is not substantiated.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

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| In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21 st day of November 2002. |
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